

tients with BC and B/BMM, which poses a significant burden in term of both cost and mortality.

PHS55

INEQUALITIES AND AVOIDABLE COSTS OF IMAGING TEST IN THE DIAGNOSIS AND MONITORING OF PATIENTS WITH STROKE IN THE CANARY ISLANDS

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OBJECTIVES: To determine the variations and inequalities in accessing to diagnostic imaging tests in patients with stroke. Others objectives are to determine the degree of inadequate use of imaging and the subsequent avoidable costs at hospitals in the Canary Islands. **METHODS:** Data on patients with a diagnosis of stroke were extracted from hospital databases during the period 2005–2010. Trends in the use of MRI and CT for the diagnosis and clinical management of stroke in recent years were analyzed. Inequalities in access to imaging tests were analyzed by using logistic regression models. The information was classified according to their scientific evidence in “adequate” or “inadequate”. Whenever imaging tests were classified as “inadequate”, avoidable costs were computed. **RESULTS:** A higher Charlson comorbidity index and younger age increase the chance of receiving an MRI in patients with stroke. In addition, results show a slight increment in the use of MRI in recent years at four referral hospitals in the Canary Islands. We obtained a total avoidable cost of 0.27%. **CONCLUSIONS:** Although the variations found in the use of both tests are remarkable, only 0.3% of the total expenditure attributable to neuroimaging in patients with stroke could be avoided in a conservative scenario.

HEALTH SERVICES - Patient-Reported Outcomes & Patient Preference Studies

PHS56

EVALUATION OF TELEMEDICINE PROGRAM (ITHACA): INNOVATION IN THE TREATMENT OF ARTERIAL HYPERTENSION INCREASING THE COMPLIANCE AND ADHERENCE

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OBJECTIVES: To evaluate effectiveness of an interventional strategy (disease management program (DMP)) supported by a telemedicine platform in patients with mild/moderate hypertension. **METHODS:** Quasi-experimental design, paired data with control group (1:2, patients were matched by age and gender). Study population and follow-up period: patients from 6 primary care centers in Badalona (Barcelona, Spain) were followed-up during 2011. Study groups: intervention group (telemedicine program) and control group (usual clinical practice). The intervention consisted on establishing a permanent channel of interaction with the patient (telemedicine platform) and providing the patient with educational materials, clinical monitoring, SMS, phone calls, etc. Main measures: Demographic, co-morbidity, anthropometric and biochemical parameters, adherence to treatment, blood pressure control (BP: 140/90 mmHg), associated health care management costs and satisfaction surveys to professionals and patients. Statistical significance: $p < 0.05$. **RESULTS:** A total of 750 patients were included (intervention group $n = 250$, control group $n = 500$). Mean age was of 64.2 years old 52.1% of patients were women. The control group was selected to show an optimal comparability in terms of demographic and morbidity measures between the two groups. The intervention group showed better compliance (87.9% vs. 71.4%, $p = 0.001$). BP control was 52.5 vs. 53.1% ($p = \text{NS}$) initially and 63.2% vs. 55.6% at the end of the study ($p < 0.001$) for the intervention group vs. control, respectively. The follow-up average cost per patient and year was € 377.9 vs. € 442.4, $p < 0.001$ (reduction in intervention group: 66 €). 82% of health care professionals and 91% of patients were satisfied with the DMP. **CONCLUSIONS:** The DMP has improved adherence to treatment and BP control and has reduced health care management costs. If the study results were extrapolated to the overall population of Badalona, a potential saving of 1.7 million per year would be achieved.

PHS57

COMPARING PREDICTORS OF SELF-REPORTED ADHERENCE TO MAMMOGRAPHY SCREENING GUIDELINES IN APPALACHIAN WOMEN WHO UTILIZE MOBILE AND STATIONARY FACILITIES

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OBJECTIVES: To compare the characteristics of Appalachian women age 40 years and above who utilized a mobile mammography unit to get a mammogram with those who obtained mammography screening at a stationary facility, and to compare the predictors of self-reported adherence in these samples. **METHODS:** Data from 1,161 women who participated in the Bonnie Wells Wilson Mobile Mammography Program and 1,104 women who utilized Betty Puskar Breast Care Center at least once in the past ten years and completed a six-page Mammography Screening and Preventive Care Survey were analyzed using the Andersen Behavioral Model to determine the predictors of self-reported adherence to mammography screening guidelines in these samples. **RESULTS:** A total of 48.2% of women who utilized the mobile unit and 92.3% of women who utilized the stationary facility reported having had a mammogram in the past two years consistent with current mammography screening guidelines. Women who utilized the stationary facility had greater proportion of women with higher levels of education, higher income, health insurance, and following preventive behaviors such as clinical breast exam (CBE), Pap test, and other screenings as compared to those who utilized the mobile unit. In women who utilized the mobile unit, older age, being unemployed, being obese,

having a family history of BC, having had breast biopsy in the past and having had a Pap test were significant predictors of self-reported adherence. In women who utilized a stationary facility, being overweight, having health insurance, being adherent to CBE and Pap test, and having positive views about mammography screening were the significant predictors of self-reported adherence. **CONCLUSIONS:** Women who utilized mobile unit had substantially lower adherence to mammography screening than those who utilized the stationary facility. Personal and/or community-based educational interventions need to be developed around mobile mammography unit to increase mammography adherence in the poor and underserved women.

PHS58

CHANGE IN HEALTH-RELATED QUALITY OF LIFE AFTER OCCUPATIONAL THERAPY IN COMMUNITY-DWELLING DEPENDENT ELDERLY: A RANDOMISED CONTROLLED TRIAL

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OBJECTIVES: To assess the change of health-related quality of life as an effect of occupational therapy in community-dwelling dependent elderly. **METHODS:** In a randomized control trial (RCT) we compared the effectiveness of occupational therapy in community-dwelling dependent elderly. A total of 230 participants aged 65–95 were randomly assigned to either an occupational therapy group that perform exercises according to their meaningful activities, or usual exercise group. The intervention program was a 1h session two or three times per week. We evaluated all participants on activity of daily living (Barthel Index, BI) and health-related quality of life (Health Utilities Index Mark3; HUI3). Measurements were performed at baseline and after one month. **RESULTS:** Using linear mixed models, the occupational therapy group were improved their mean HUI3 score at one month from baseline ($P < .001$) (the occupational therapy group: 0.09 ± 0.18 ; the usual exercise group: 0.00 ± 0.15). There was a significant group-by-time interaction ($P < .001$) with the occupational therapy group showing a greater improvement than the usual exercise group. However there was not a significant group-by-time interaction ($P = 0.051$) by BI scores. **CONCLUSIONS:** Occupational therapy had beneficial effects on health-related quality of life in community-dwelling dependent elderly. The greatest effects were achieved through inclusion of a client-centered meaningful activity program.

PHS59

DEMOGRAPHICS AND HEALTH-STATE UTILITIES OF IRISH PATIENTS WITH HEPATITIS C INFECTION; USE OF THE 5-LEVEL EQ-5D QUESTIONNAIRE

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OBJECTIVES: Hepatitis C (HCV) is a major public health problem which is estimated to affect up to 30,000 people in the Republic of Ireland. There is little information regarding demographics or health-state utilities in this population in Ireland. We aimed to establish demographics and health-state utilities among patients with chronic HCV and differing degrees of liver disease. **METHODS:** A convenience sample of 200 patients with a current or past diagnosis of HCV, attending a specialist Hepatology outpatient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was collected on demographic and clinical parameters and patients were asked to complete the 5-level EQ-5D health-related quality of life (HRQL) questionnaire. Continuous variables were summarized with medians and standard deviations and compared using Students t-test. Categorical variables were summarized with proportions. P-values < 0.05 were taken to indicate significance. **RESULTS:** A total of 134 (66%) were male; 149 (74%) were of Irish origin. The majority were single ($n = 90$, 44%) and 117 (58%) were in either full-time or part-time employment. The median age was 40 years (range 24–76 years) and the mean years spent in full-time education was 11 years (range 1–25). Median health-state utility was 0.73 ($+/- 0.23$). For patients with chronic HCV infection, health state utilities were as follows: Mild HCV 0.77 ($+/- 0.19$), Moderate HCV 0.74 ($+/- 0.23$), Cirrhosis 0.60 ($+/- 0.35$). Patients who had received treatment for HCV had a higher mean utility score than patients who were never treated (0.8 versus 0.69, $p = 0.002$). Patients with cirrhosis had significantly lower mean utility scores than those without (0.60 versus 0.75, $p < 0.001$). **CONCLUSIONS:** HCV adversely affects HRQL especially in those with cirrhosis. HCV treatment results in improved HRQL regardless of treatment outcome. This supports HCV treatment prior to the development of end-stage liver disease.

PHS60

HEALTH-RELATED QUALITY OF LIFE IN HIV/HCV CO-INFECTED PATIENTS IN IRELAND

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OBJECTIVES: Hepatitis C (HCV) is a major cause of liver disease and can lead to serious illness especially when co-infection with HIV occurs. With the development of new agents to treat HCV, Health-related quality-of-life (HRQL) utilities in co-infected patients will be of use in assessing the cost-effectiveness of these treatments. The objective of this study is to establish standardized quality of life utility values for patients with chronic HCV and HIV in Ireland who have different degrees of liver disease. **METHODS:** A convenience sample of 41 patients with a diagnosis of HCV/HIV co-infection attending a specialist HIV/HCV co-infection outpatient service was recruited. Informed consent was obtained from all patients recruited and the study was approved by the institutional ethics review board. Information was